GO TO PAGE 2

Runoff

General

ELECTION TYPE

Primary

ELECTION DATE

_{Бау} 11/06/2001

Month

11 ELECTION

Special

SPECIFIC-PURPOSE COMMITTEE

FORM SPAC

(512)463-5800

REPORT: PU	RPOSE & 1	TOTALS	COVER SHEET PG 2	
12 COMMITTEE NAME People For A Fair He	•		ACCOUNT # (Ethics Commission filers)	
13 COMMITTEE PURPOSE	CANDIDATE	CANDIDATE / OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this report if necessary.)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	·.	
	<u>.</u>	BALLOT IDENTIFICATION / # ELECTION		
☑ OPPOSE		Month Day City Prop 2 11/06/2001	T Edi	
ASSIST	MEASURE	DESCRIPTION		
(officeholders only)		Measure to ban same-sex benefits for City employee	es	
14 NO REPORTABLE ACTIVITY	Check if no repo	ortable activity occurred during this reporting period. (Sign affidavid below a	and submit pages 1 and 2 only.)	
15 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00	
	2. TOTAL I (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 123422.00	
TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00	
	4. TOTAL S	POLITICAL EXPENDITURES	\$ 67603.84	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0.00	
16 AFFIDAVIT				
	KARON G. AL Notary Public, State Commission Expires (is true and correct and includes all interpretation of Texas is true and correct and includes all interpretation Code.	formation required to be reported by	
AFFIX NOTARY STA	MP / SEAL ABOVE	5 10	· ,-44	
Sworp to and subscribed before me, by the said				
of Armines	I allen	Haron G. Allen M	Volary Public Title of officer administering oath	
	-			

POLITICAL	CONTRIBUT	IONS
OTHER THA	N PLEDGES	OR LOANS

SCHEDULE A1

OTHER T	HAN PLEDGES OR LOAN	S 		(FOR F	FORMS C/OH and SPAC)	
The Instruction	Guide explains how to complete this form.		1 Total	pages this sched	ule A1: 28	
2 FILER NAME: Fair Houston		3 ACC	3 ACCOUNT # (Ethics Comission filers)			
4 Date 10/28/2001	5 Full Name of Contributor: Richard A. Ladewig	out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :	
	6 Contributor Address: City, State, 401 Louisiana 502, Houston, TX 77002	Zip Code -1641			 	
9 Principal C	Occupation (Optional):	10 Employe	er (Optio	nal):		
4 Date 5 Full Name of Contributor: 10/28/2001 Maynard G. Gimble		Out of state PAC	1	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :	
	6 Contributor Address: City, State, 9711 Burdine, Houston, TX 77096-	Zip Code				
9 Principal (Occupation (Optional):	10 Employ	er (Optio	onal):		
4 Date 10/29/2001	5 Full Name of Contributor: Tejas Englesmith	Out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable):	
	6 Contributor Address: City, State, 7839 Fondren RD, Houston, TX 77074	Zip Code 4 601			 	
9 Principal (Occupation (Optional):	10 Employ	er (Optio	onal):	· · · · · · · · · · · · · · · · · · ·	
4 Date 10/29/2001	5 Full Name of Contributor: Brenner J Glickman	out of state PAC		7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):	
	6 Contributor Address: City, State, 5600 N Braeswood, Houston, TX 7709	Zip Code 96-			 	
9 Principal	Occupation (Optional):	10 Employ	yer (Optio	onal):		
4 Date 10/29/2001	5 Full Name of Contributor: Houston Federation of Teachers - COF	Out of state PAC		7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):	
	6 Contributor Address: City, State, 2925 Briarpark Drive, Suite 950, House	Zip Code ton, TX 77042-				
0.5: :-!	Occupation (Optional):	10 Employ	ver (Onti	 onal):		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE A1

OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH and SPAC)						
The Instruction	Guide explains how to complete this form.		1 To	1 Total pages this schedule A1: 28		
2 FILER NAME	Fair Houston		3 AC	CCOUNT # (Ethics C	comission filers)	
4 Date 10/29/2001	5 Full Name of Contributor: PTI, Inc.	out of state PAC		7 Amount of contribution (\$): \$750.00	8 In kind contribution (if applicable) :	
	6 Contributor Adoress City, State.	Zip Code			1 1 1 1	
9 Principal C	occupation (Optional):	10 Employe	er (Opt	ional):		
4 Date 10/29/2001	5 Full Name of Contributor: Nancy C Santamaria 6 Contributor Address: City, State,	out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable):	
9 Principal C	ccupation (Optional):	10 Employe	er (Opt	ional):		
4 Date 10/29/2001	5 Full Name of Contributor: J. Christopher Kennedy Contributor Address: City, State,	□ out of state PAC Zip Code		7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):	
					<u> </u> 	
9 Principal C	Occupation (Optional):	10 Employe	er (Opt	tional): —————		
4 Date 10/29/2001	5 Full Name of Contributor: E. D. Wulfe 6 Contributor Address: City, State,	out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :	
9 Principal C	occupation (Optional):	10 Employe	er (Opt	tional):		
4 Date 10/29/2001	5 Full Name of Contributor: Helen Ann Fisher 6 Contributor Address: City, State,	oul of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable):	
O Deireinal O		10 Employe	or (Oct	tional):		
9 Principal O	occupation (Optional):	10 Employe	ei (Ob)	iioriai <i>j</i> .		

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	AL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS	(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Total pages this sched	ule A1: 28
2 FILER NAME	Fair Houston		3 ACCOUNT # (Ethics C	comission filers)
4 Date 10/29/2001	5 Full Name of Contributor: J. Kent Friedman 6 Contributor Address: City, State,	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 10/29/2001	5 Full Name of Contributor: Mike Spear 6 Contributor Address: City, State,	Out of state PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 10/29/2001	5 Full Name of Contributor: Barbara J. Smith 6 Contributor Address: City, State,	□ put of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 10/29/2001	5 Full Name of Contributor: Thomas E Schwartz 6 Contributor Address: City, State,	□ out of state PAC Zip Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal 0	Occupation (Optional):	10 Employ	er (Optional):	<u> </u>
4 Date 10/29/2001	5 Full Name of Contributor: R. Patrick Baum 6 Contributor Address: City, State,	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
O Principal (6 Contributor Address: City, State, Occupation (Optional):		er (Optional):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOA	NS	(FOR I	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form		1 Total pages this sched	ule A1: 28
2 FILER NAME	Fair Houston		3 ACCOUNT # (Ethics C	Comission filers)
4 Date 10/29/2001	5 Full Name of Contributor: Don L Dahn 6 Contributor Address: City, State,	Out of state PAC	7 Amount of contribution (\$):	B In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 10/29/2001	5 Full Name of Contributor: Charles E. Clark 6 Contributor Address: City, State,	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 10/29/2001	5 Full Name of Contributor; Paul Colbert	out of state PAC	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		! !
9 Principal (Occupation (Optional):	10 Employ	er (Optional):	
4 Date 10/29/2001	5 Full Name of Contributor: Claire O Walters	out of state PAC	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		
9 Principal (Occupation (Optional):	10 Employ	ver (Optional):	<u> </u>
4 Date 10/29/2001	5 Full Name of Contributor: Odilia Mendez	Cout of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City State	Zin Code		
9 Principal	Occupation (Optional):	10 Employ	/er (Optional):	

•	AL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS	(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Gulde explains how to complete this form.		1 Total pages this sched	dule A1: 28
2 FILER NAME: Fair Houston			3 ACCOUNT # (Ethics C	Cornission filers)
4 Date 10/29/2001	5 Full Name of Contributor: Stewart Zuckerbrod 6 Contributor Address: City, State,	out of state PAC Zip Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 10/29/2001	5 Full Name of Contributor: David M. Mincberg 6 Contributor Address: City, State,	out of state PAC Zip Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 10/29/2001	5 Full Name of Contributor: Roger E. Morehead 6 Contributor Address: City, State,	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal 0	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 10/29/2001	5 Full Name of Contributor: Kenneth Marks 6 Contributor Address: City. State.	Cout of state PAC	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable) :
9 Principal (Occupation (Optional):	10 Employ	er (Optional):	
4 Date 10/29/2001	5 Full Name of Contributor: Darla Lexington 6 Contributor Address: City, State,	Out of state PAC	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution (if applicable):
9 Principal (Occupation (Optional):	10 Employ	er (Optional):	

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

1-800-325-8506

(FOR FORMS C/OH and SPAC)

The Instruction	Guide explains how to complete this form.		1 Total pages this sche	edule A1: 28
2 FILER NAME: Fair Houston			3 ACCOUNT # (Ethics	Comission filers)
4 Date 10/29/2001	5 Full Name of Contributor: Robert M. Eury 6 Contributor Address: City, State,	□out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Emplo	oyer (Optional):	
4 Date 10/29/2001	5 Full Name of Contributor: Standish Meacham	out of slate PAC	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Emplo	oyer (Optional):	
4 Date 10/29/2001	5 Full Name of Contributor: Isabelle Ganz Lipschutz	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
;	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Emplo	oyer (Optional):	1
4 Date 10/29/2001	5 Full Name of Contributor: Rene B Karpas	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (If applicable):
	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Empl	oyer (Optional):	··
4 Date 10/29/2001	5 Full Name of Contributor: Cecile Keeper	out of stale PAC	7 Amount of contribution (\$)	8 In kind contribution (if applicable) :
,	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Empl	oyer (Optional):	

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(if applicable):

9 Principal Occupation (Optional):

4 Date 10/29/2001	5 Full Name of Contributor: Glen Rosenbaum	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		
9 Principal	Occupation (Optional):	10 Employer	(Optional):	
4 Date	5 Full Name of Contributor:	out of state PAC	7 Amount of	8 In kind

10 Employer (Optional):

10/29/2001	Linda K May		contribution (\$): \$100.00	contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		İ
		;		
9 Principal	Occupation (Optional):	10 Employer ((Optional):	
4 Date	5 Full Name of Contributor:	out of state PAC	7 Amount of	8 In kind

contribution (\$): contribution Hugh L Baker 10/29/2001 (if applicable): \$100.00 6 Contributor Address: City, State. Zip Code Employer (Optional): 9 Principal Occupation (Optional):

out of state PAC 5 Full Name of Contributor: 7 Amount of 8 In kind 4 Date contribution (\$): contribution H. Benjamin Samuels (if applicable): 10/29/2001 \$100.00 6 Contributor Address: City, State, Zip Code 9 Principal Occupation (Optional): 10 Employer (Optional):

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POLITICAL CONTRIBUTIONS SCHEDULE A1 OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH and SPAC) 1 Total pages this schedule A1: 28 The Instruction Guide explains how to complete this form. **Fair Houston** 3 ACCOUNT # (Ethics Comission filers) 2 FILER NAME: out of state PAC 7 Amount of 8 In kind 4 Date 5 Full Name of Contributor: contribution contribution (\$): Leonard S Hoffman (if applicable): 10/29/2001 \$100.00 City, State, Zip Code 6 Contributor Address: 10 Employer (Optional): 9 Principal Occupation (Optional): In kind out of state PAC 7 Amount of 5 Full Name of Contributor: 4 Date contribution (\$): contribution Everett W. Keevil (if applicable): 10/30/2001 \$10.00 Zip Code City, State, . 10 Employer (Optional): 9 Principal Occupation (Optional): ___out of state PAC 8 In kind 7 Amount of 4 Date 5 Full Name of Contributor: contribution (\$): contribution Richard W. Wharton (if applicable): 10/30/2001 \$25.00 6 Contributor Address: 10 Employer (Optional): 9 Principal Occupation (Optional): ___iout of state PAC In kind 7 Amount of 5 Full Name of Contributor: 4 Date contribution (\$): contribution Deborah A. Martinez (if applicable): 10/30/2001 \$50.00 Zip Code 6 Contributor Address: <u>City.</u> 10 Employer (Optional): 9 Principal Occupation (Optional): __ _out of state PAC 8 In kind 7 Amount of 4 Date 5 Full Name of Contributor. contribution contribution (\$): Barbara Valentine (if applicable): 10/30/2001 \$25.00 Zip Code 6 Contributor Address: City, State, 10 Employer (Optional): 9 Principal Occupation (Optional):

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(512) 463-5800

	AL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS		(FOR I	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 To	tal pages this sched	ule A1: 28
2 FILER NAME	Fair Houston		3 AC	CCOUNT # (Ethics C	omission filers)
4 Date 10/30/2001	5 Full Name of Contributor: Robert H. Sunderland 6 Contributor Address: City, State,	□out of state PAC Zip Code		7 Amount of contribution (\$):	8 In kind contribution (If applicable) :
9 Principal C	Occupation (Optional):	10 Employe	r (Op	tional):	
4 Date 10/30/2001	5 Full Name of Contributor: James D. Seegers 6 Contributor Address: City, State,	Dout of state PAC		7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional): 10 Employer (Optional):					
4 Date 10/30/2001	5 Full Name of Contributor: John Peavy 6 Contributor Address: City, State,	out of state PAC Zip Code		7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	er (Op	tional):	
4 Date 10/30/2001	5 Full Name of Contributor: Bruce Penny 6 Contributor Address: City, State,	Zip Code		7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Op	tional):	
4 Date 10/30/2001	5 Full Name of Contributor: Norris G. Lang 6 Contributor Address: City. State	Dut of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	o Continuoto Address. City. State				i
9 Principal C	Occupation (Optional):	10 Employe	er (Op	otional):	

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9 Principal Occupation (Optional):

(512) 463-5800 P.O. Box 12070 Texas Ethics Commission POLITICAL CONTRIBUTIONS **SCHEDULE A1** OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH and SPAC) 1 Total pages this schedule A1: 28 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Comission filers) Fair Houston 2 FILER NAME: out of state PAC 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution (\$): contribution Bill L. Blain (if applicable): 10/30/2001 \$50.00 City, State, Zip Code 6 Contributor Address: 10 Employer (Optional): 9 Principal Occupation (Optional): out of state PAC 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution contribution (\$): Barbara E Turner (if applicable): 10/30/2001 \$25.00 6 Contributor Address: City. State. Zip Code 10 Employer (Optional): 9 Principal Occupation (Optional): 8 In kind 5 Full Name of Contributor: out of state PAC 7 Amount of 4 Date contribution (\$): contribution Raymond Federle (if applicable): 10/30/2001 \$10.00 Zip Code 6 Contributor Address: City, State, 10 Employer (Optional): 9 Principal Occupation (Optional): _out of state PAC 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution (\$): contribution Debbie Roberson (if applicable): 10/30/2001 \$25.00 Zip Code City, State. 6 Contributor Address: 10 Employer (Optional): 9 Principal Occupation (Optional): 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution (\$): contribution Holly J Harlow (if applicable): 10/30/2001 \$50.00 Zip.Code City, State, 6 Contributor Address:

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10 Employer (Optional):

Texas Ethics Com	mission P.O. Box 12070	70 (512) 463	3-5800 1-800-325-8506	
	AL CONTRIBUTIONS THAN PLEDGES OR LO)ANS	(FOR F	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this fo	orm.	1 Total pages this sched	ule A1: 28
2 FILER NAME	Fair Houston	1	3 ACCOUNT # (Ethics C	omission filers)
4 Date 10/30/2001	5 Full Name of Contributor: Huey L. Johnson	out of state PAC	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable) :
1	6 Contributor Address: City, State,	Zip Code		
9 Principal C	occupation (Optional):	10 Employe	r (Optional):	
4 Date 10/30/2001	5 Full Name of Contributor: Reliant Energy	□oul of state PAC	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution (if applicable):
•	6 Contributor Address: City, State,	Zip Code		
9 Principal C	occupation (Optional):	10 Employe	r (Optional):	
4 Date 10/30/2001	5 Full Name of Contributor: Bank of America	oul of state PAC	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable) :
· ! !	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 10/30/2001	5 Full Name of Contributor: David A. White	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
i	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 10/30/2001	5 Full Name of Contributor: Janine M. Brunjes	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		

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9 Principal Occupation (Optional):

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

10 Employer (Optional):

9 Principal Occupation (Optional):

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS SCHEDULE A1 OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH and SPAC) 1 Total pages this schedule A1: 28 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Comission filers) **Fair Houston** 2 FILER NAME: out of state PAC 8 In kind 7 Amount of 5 Full Name of Contributor: 4 Date contribution (\$): contribution Robert Stein (if applicable): 10/30/2001 \$1,000.00 Zip Code 6 Contributor Address: 10 Employer (Optional): 9 Principal Occupation (Optional): out of state PAC 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution contribution (\$): Joanne M. Reich (if applicable): 10/30/2001 \$100.00 Zip Code 6 Contributor Address: City, State, 10 Employer (Optional): 9 Principal Occupation (Optional): 8 In kind Dut of state PAC 7 Amount of 5 Full Name of Contributor: 4 Date contribution (\$): contribution Susan E. Barry (if applicable): 10/30/2001 \$100.00 6 Contributor Address: 10 Employer (Optional): 9 Principal Occupation (Optional): out of state PAC 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution contribution (\$): Mary E. Whitworth (if applicable): 10/30/2001 \$50.00 City, State 6 Contributor Address: Employer (Optional): 9 Principal Occupation (Optional): 8 In kind 7 Amount of 5 Full Name of Contributor: 4 Date contribution contribution (\$): Morris B. Penner (if applicable): 10/31/2001 \$50.00 Zip Code City, State, 6 Contributor Address: 10 Employer (Optional):

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POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE A1

OTHER T	HAN PLEDGES OR LOAN	_	(FOR F	FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Total pages this sched	ule A1: 28
2 FILER NAME	Fair Houston		3 ACCOUNT # (Ethics C	omission filers)
4 Date 10/30/2001	Robert Stein	Coul of state PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
9 Principal C	occupation (Optional):	10 Employe	er (Optional):	
4 Date 10/30/2001	5 Full Name of Contributor: Joanne M. Reich 6 Contributor Address: City, State,	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employ	er (Optional):	
4 Date 10/30/2001	5 Full Name of Contributor: Susan E. Barry 6 Contributor Address: City, State,	□out of state PAC Zip Code	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employ	er (Optional):	
4 Date 10/30/2001	5 Full Name of Contributor: Mary E. Whitworth 6 Contributor Address: City, State,	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal 0	Occupation (Optional):	10 Employ	ver (Optional):	1
4 Date 10/31/2001	5 Full Name of Contributor: Morris B. Penner	Quil of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
•	6 Contributor Address: City, State,	Zip Code		
9 Principal (Occupation (Optional):	10 Employ	/er (Optional):	

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Austin, Texas 78711-2070

1-800-325-8506 POLITICAL CONTRIBUTIONS SCHEDULE A1 OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH and SPAC) 1 Total pages this schedule A1: 28 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Comission filers) **Fair Houston** 2 FILER NAME: 8 In kind out of state PAC 7 Amount of 4 Date 5 Full Name of Contributor: contribution contribution (\$): **Barron Wallace** (if applicable): 10/31/2001 \$200.00 Zip Code 6 Contributor Address: City, State, 10 Employer (Optional): 9 Principal Occupation (Optional): out of state PAC 8 In kind 7 Amount of 5 Full Name of Contributor: 4 Date contribution contribution (\$): **Barry Scott Elliott** (if applicable): 10/31/2001 \$25.00 Zip Code 6 Contributor Address: City, State, 9 Principal Occupation (Optional): 10 Employer (Optional): 8 In kind Coul of state PAC 7 Amount of 5 Full Name of Contributor: 4 Date contribution (\$): contribution William C Fletcher (if applicable): 10/31/2001 \$25.00 Zip Code City, State, 6 Contributor Address: Employer (Optional): 9 Principal Occupation (Optional): out of state PAC 8 In kind 7 Amount of 5 Full Name of Contributor: 4 Date contribution contribution (\$): Sidney J. Braquet (if applicable): 10/31/2001 \$100.00 6 Contributor Address: City, State, Zip Code 10 Employer (Optional): 9 Principal Occupation (Optional):

5 Full Name of Contributor: 4 Date

10/31/2001

City, State,

7 Amount of _out of state PAC contribution (\$): \$30.00

8 In kind contribution (if applicable):

9 Principal Occupation (Optional):

David Aylsworth

6 Contributor Address:

10 Employer (Optional):

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Zip Code

(512) 463-5800

P.O. Box 12070

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POLITICAL CONTRIBUTIONS SCHEDULE A1 OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH and SPAC) The Instruction Guide explains how to complete this form. 1 Total pages this schedule A1: 28 **Fair Houston** 3 ACCOUNT # (Ethics Comission filers) 2 FILER NAME: out of state PAC 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution contribution (\$): Sandford G. Robinson (if applicable): 10/31/2001 \$200.00 Zip Code City, State, 6 Contributor Address: 9 Principal Occupation (Optional): 10 Employer (Optional): out of state PAC 7 Amount of In kind 5 Full Name of Contributor: 4 Date contribution (\$): contribution Nora F. Ackerley (if applicable): 10/31/2001 \$2,000.00 Zip Code 6 Contributor Address: City, State, 10 Employer (Optional): 9 Principal Occupation (Optional): __oul of state PAC 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution (\$): contribution John T Daniel (if applicable): 10/31/2001 \$125.00 Zip Code 6 Contributor Address: City, State, 10 Employer (Optional): 9 Principal Occupation (Optional):oul of state PAC 7 Amount of In kind 5 Full Name of Contributor: 4 Date contribution (\$): contribution Edwin Earl Sargent (if applicable): 10/31/2001 \$500.00 City, State, Zip Code 6 Contributor Address: 10 Employer (Optional): 9 Principal Occupation (Optional): out of state PAC 8 In kind 7 Amount of 5 Full Name of Contributor: 4 Date contribution (\$): contribution Stephen A Claiborn (if applicable): 10/31/2001 \$125.00 Zip Code 6 Contributor Address: City, State, 10 Employer (Optional): 9 Principal Occupation (Optional):

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1-800-325-8506 P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 Texas Ethics Commission POLITICAL CONTRIBUTIONS **SCHEDULE A1** OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH and SPAC) 1 Total pages this schedule A1: 28 The instruction Guide explains how to complete this form. **Fair Houston** 3 ACCOUNT # (Ethics Comission filers) 2 FILER NAME: out of state PAC 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution (\$): contribution **Dorothy Willis** (if applicable): 10/31/2001 \$1,000.00 6 Contributor Address: City, State, Zip Code 9 Principal Occupation (Optional): 10 Employer (Optional): out of state PAC In kind 7 Amount of 5 Full Name of Contributor: 4 Date contribution (\$): contribution Donald L. Graff (if applicable): 10/31/2001 \$2.00 Zip Code 6 Contributor Address: City, State, 10 Employer (Optional): 9 Principal Occupation (Optional): Out of state PAC 7 Amount of 8 In kind 4 Date 5 Full Name of Contributor: contribution (\$): contribution John Hall Public Affairs (if applicable): 10/31/2001 \$1,000,00 6 Contributor Address: City, State, Zip Code 10 Employer (Optional): 9 Principal Occupation (Optional): out of state PAC 7 Amount of In kind 8 5 Full Name of Contributor: 4 Date contribution (\$): contribution Chase Bank of Texas, N.A. (if applicable): 10/31/2001 \$2,500.00 Zip Code 6 Contributor Address: City, State, 10 Employer (Optional): 9 Principal Occupation (Optional):

5 Full Name of Contributor:

Camden Property Trus

9 Principal Occupation (Optional):

6 Contributor Address: City, State,

4 Date

10/31/2001

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10 Employer (Optional):

Out of state PAC

Zip Code

8 In kind

contribution

(if applicable):

7 Amount of

contribution (\$):

\$10,000.00

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	AL CONTRIBUTIONS THAN PLEDGES OR LOAM	NS		(FOR F	SCHEDULE A1 FORMS C/OH and SPAC)
The instruction	Guide explains how to complete this form.		1 Total pag	ges this sched	ule A1: 28
2 FILER NAME	Fair Houston		3 ACCOU	NT # (Ethics C	omission filers)
4 Date 10/31/2001	5 Full Name of Contributor: Montgomery Watson 6 Contributor Address: City, State,	Out of state PAC Zip Code	cont	nount of ribution (\$): \$5,000.00	8 In kind contribution (if applicable):
9 Principal C	Ccupation (Optional):	10 Employe	er (Optional):	
4 Date 10/31/2001	5 Full Name of Contributor: Enron PAC 6 Contributor Address: City, State,	Out of state PAC	con	mount of tribution (\$):	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optiona	1):	
4 Date 10/31/2001	5 Full Name of Contributor: Siebert Brandford Shank & CO. L.L.C. 6 Contributor Address: City, State,	out of state PAC Zip Code	con	mount of tribution (\$):	8 In kind contribution (if applicable) :
9 Principal 0	Occupation (Optional):	10 Employ	er (Optiona	ıl):	
4 Date 10/31/2001	5 Full Name of Contributor: Karin R Werness 6 Contributor Address: City, State,	□out of state PAC		mount of stribution (\$): \$1,000.00	8 In kind contribution (if applicable):
9 Principal (Decupation (Optional):	10 Employ	er (Optiona	al):	
4 Date 10/31/2001	5 Full Name of Contributor: Hubbard Financial Services, Inc.	out of state PAC	:	Amount of htribution (\$):	8 In kind contribution (If applicable) :
	6 Contributor Address: City, State,	Zip Code	ļ		
9 Principal (Occupation (Optional):	10 Employ	er (Optiona	al):	

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	AL CONTRIBUTIONS THAN PLEDGES OR LOA	NS	(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form	•	1 Total pages this sched	dule A1: 28
2 FILER NAME	Fair Houston		3 ACCOUNT # (Ethics (Comission filers)
4 Date 10/31/2001	5 Full Name of Contributor: John Eckel 6 Contributor Address: City, State,	□out of state PAC Zip Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal C	Decupation (Optional):	10 Employe	er (Optional):	
4 Date 10/31/2001	5 Full Name of Contributor: Progressive Voters in Action 6 Contributor Address: City, State,	Out of state PAC	7 Amount of contribution (\$): \$5,000.00	8 in kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 10/31/2001	5 Full Name of Contributor: Sara Keckler 6 Contributor Address: City, State,	Zip Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	<u>-i</u>
4 Date 10/31/2001	5 Full Name of Contributor: Kenneth Neil Jones 6 Contributor Address: City, State,	□out of state PAC Zip Code	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	<u></u>
4 Date 10/31/2001	5 Full Name of Contributor: Michael J. Springer 6 Contributor Address: City, State,	□out of state PAC	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	

9 Principal Occupation (Optional):

Texas Ethics Com	mission P.O. Box 12070 Aus	stin, Texas 78711-20	70 (512) 463	3-5800 1-800-325-8506
	AL CONTRIBUTIONS THAN PLEDGES OR LOAN	S	(FOR I	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Total pages this sched	ule A1: 28
2 FILER NAME	Fair Houston		3 ACCOUNT # (Ethics C	omission filers)
4 Date 10/31/2001	5 Full Name of Contributor: Hilary Smith 6 Contributor Address: City, State,	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (If applicable) :
ŧ				i i
9 Principal O	occupation (Optional):	10 Employe	r (Optional):	<u> </u>
4 Date 10/31/2001	5 Full Name of Contributor: Laura A. Easton	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code		
9 Principal C	occupation (Optional):	10 Employe	r (Optional):	
4 Date 10/31/2001	5 Full Name of Contributor: Roy L Green	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
-	6 Contributor Address: City, State,	Zip Code	; ;	
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 10/31/2001	5 Full Name of Contributor: Mark S. Berg	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
•	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 10/31/2001	5 Full Name of Contributor: Frank R. Eyler	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		

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10 Employer (Optional):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS		(FOR I	SCHEDULE A1 FORMS C/OH and SPAC)	
The Instruction	Guide explains how to complete this form.		1 Total pages this schedule A1: 28	
2 FILER NAME	Fair Houston		3 ACCOUNT # (Ethics C	omission filers)
4 Date 10/31/2001	5 Full Name of Contributor: Roxanne Cherio 6 Contributor Address: City, State,	Out of state PAC	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	r (Optional):	
4 Date 10/31/2001	5 Full Name of Contributor: Rachel lavine 6 Contributor Address: City, State,	out of state PAC Zip Code	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 10/31/2001	5 Full Name of Contributor: Michael K White 6 Contributor Address: City, State,	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal 0	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 10/31/2001	5 Full Name of Contributor: Carolyn M Stiles 6 Contributor Address: City, State,	□out of state PAC	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
9 Principal (Occupation (Optional):	10 Employ	er (Optional):	
4 Date 10/31/2001	5 Full Name of Contributor: Houstonians for Mobility Campaign 6 Contributor Address: City, State,	☐out of state PAC Zip Code	7 Amount of contribution (\$): \$16,750.00	8 In kind contribution (if applicable): Printing
9 Principal	Occupation (Optional):	10 Employ	er (Optional):	

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS **SCHEDULE A1** OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH and SPAC) 1 Total pages this schedule A1: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Comission filers) Fair Houston 2 FILER NAME: out of state PAC 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution contribution (\$): Barbara Jacoby Howell (if applicable): 10/31/2001 \$15.00 City, State. Zip Code 6 Contributor Address: 10 Employer (Optional): 9 Principal Occupation (Optional): Qut of state PAC 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution contribution (\$): Dalton C. Dehart (if applicable): 10/31/2001 \$25.00 City, State, 6 Contributor Address: Zip Code 10 Employer (Optional): 9 Principal Occupation (Optional): Qut of state PAC 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution contribution (\$): Jimmy R. Wynn (if applicable): 11/1/2001 \$250.00 Zip Code 6 Contributor Address: City, State, 10 Employer (Optional): 9 Principal Occupation (Optional): __oul of state PAC 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution contribution (\$): Halliburton Company Political Action Committee (HALPAC) (if applicable): 11/1/2001 \$5,000.00 Zip Code 6 Contributor Address: City, State, 10 Employer (Optional): 9 Principal Occupation (Optional): 8 In kind 7 Amount of 5 Full Name of Contributor: 4 Date contribution contribution (\$): Andrew English Anderson (if applicable): 11/1/2001 \$100.00 Zip Code City, State, 6 Contributor Address: 10 Employer (Optional): 9 Principal Occupation (Optional):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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OTHER 1	THAN PLEDGES OR LO	ANS	(FOR	FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this fo	rm.	1 Total pages this scheo	dule A1: 28
2 FILER NAME	Fair Houston	l	3 ACCOUNT # (Ethics C	Comission filers)
4 Date 11/1/2001	5 Full Name of Contributor: Copy.Com	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
•	6 Contributor Address: City, State.	Zin Code		Copies for No on City Prop 2
9 Principal C	occupation (Optional):	10 Employe	er (Optional):	
4 Date 11/1/2001	5 Full Name of Contributor: David L. Ralston	□out of state PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
•	6 Contributor Address: City State.	Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 11/1/2001	5 Full Name of Contributor: Louis E. Vanech	out of state PAC	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Employ	er (Optional):	
4 Date 11/2/2001	5 Full Name of Contributor: Martin Fein Interests, LTD.	out of state PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :
	6 Contributor Address; City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Employ	er (Optional):	
4 Date 11/2/2001	5 Fuil Name of Contributor: First Southwest Company	out of state PAC	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code	i	
9 Principal C	Occupation (Optional):	10 Employ	rer (Optional):	

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	AL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS	SCHEDULE A1 (FOR FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Total pages this schedule A1: 28
2 FILER NAMI	Fair Houston		3 ACCOUNT # (Ethics Comission filers)
4 Date 11/2/2001	5 Full Name of Contributor: James F. Allen	Out of state PAC	7 Amount of 8 In kind contribution (\$): contribution (ff applicable):
	6 Contributor Address: City, State,	Zip Code	
9 Principal 0	Occupation (Optional):	10 Employe	ver (Optional):
4 Date 11/2/2001	5 Full Name of Contributor: Bill Galbraith	out of state PAC	7 Amount of 8 In kind contribution (\$): contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code	
9 Principal (Occupation (Optional):	10 Employ	ver (Optional):
4 Date 11/2/2001	5 Full Name of Contributor: David Berg	oul of state PAC	7 Amount of contribution (\$): \$250.00 8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code	
9 Principal (Occupation (Optional):	10 Employ	/er (Optional):
4 Date 11/3/2001	5 Full Name of Contributor: Tony Carroll	out of state PAC	7 Amount of 8 In kind contribution (\$): contribution (If applicable):
	6 Contributor Address: City, State.	Zip Code	
9 Principal 0	Occupation (Optional):	10 Employ	yer (Optional):
4 Date 11/3/2001	5 Full Name of Contributor: David Elias	oul of state PAC	7 Amount of contribution (\$): 8 In kind contribution (fi applicable):
	6 Contributor Address: City, State,	Zip Code	
9 Principal (Occupation (Optional):	10 Employ	yer (Optional):

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POLITICAL CONTRIBUTIONS

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SCHEDULE A1

OTHER	I HAN PLEDGES OR LOAN	15	(FOR	FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Total pages this sched	lule A1: 28
2 FILER NAME	E: Fair Houston		3 ACCOUNT # (Ethics C	Comission filers)
4 Date 11/4/2001	5 Full Name of Contributor: Charleye Sells 6 Contributor Address: City, State,	out of state PAC	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	i
4 Date 11/5/2001	5 Full Name of Contributor: NGLTF Foundation 6 Contributor Address: City. State	out of state PAC	7 Amount of contribution (\$): \$20,000.00	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 11/12/2001	5 Full Name of Contributor: Post Apartment Homes, L.P. 6 Contributor Address: City, State,	out of state PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 11/12/2001	5 Full Name of Contributor: Amerigroup Corporation 6 Contributor Address: City, State,	□out of state PAC Zip Code	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	!
4 Date 11/14/2001	5 Full Name of Contributor: Sylvia Garcia 6 Contributor Address: City, State,	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
			-	

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	AL CONTRIBUTIONS THAN PLEDGES OR LO	ANS	(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this for	·m.	1 Total pages this schee	dule A1: 28
2 FILER NAMI	E: Fair Houston		3 ACCOUNT # (Ethics (Comission filers)
4 Date 11/14/2001	5 Full Name of Contributor: Richard A. Ladewig 6 Contributor Address: City, State,	□out of state PAC Zip Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	<u> </u>
4 Date 11/16/2001	5 Full Name of Contributor: Debra Danburg 6 Contributor Address: City, State,	Coul of state PAC Zip Code	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 11/19/2001	5 Full Name of Contributor: Jimmy R. Wynn 6 Contributor Address: City, State,	⊏out of state PAC Zip Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 11/19/2001	5 Full Name of Contributor: Glenn A. Stover 6 Contributor Address: City, State,	Zip Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 11/19/2001	5 Full Name of Contributor: Suzanne R. Nuli 6 Contributor Address: City, State,	□ out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	

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9 Principal Occupation (Optional):

Texas Euros Con	TITHISSION F.O. BOX 12070 AC	Isun, Texas 767 11-20	(512) 40	3-5600 1-600-325-6500
	AL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS	(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.		1 Total pages this sched	dule A1: 28
2 FILER NAMI	Fair Houston		3 ACCOUNT # (Ethics 0	Comission filers)
4 Date 11/21/2001	5 Full Name of Contributor: Edward B Kahn	Cout of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	r (Optional):	
4 Date 11/27/2001	5 Full Name of Contributor: Bracewell & Patterson Committee	□oul of state PAC	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		
9 Principal 0	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 12/3/2001	5 Full Name of Contributor: Brian Wallach	Dout of state PAC	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code		
9 Principal (Occupation (Optional):	10 Employe	er (Optional):	
4 Date 12/4/2001	5 Full Name of Contributor: Charles E. Clark	Cout of stale PAC	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		<u> </u>
9 Principal (Occupation (Optional):	10 Employe	er (Optional):	
4 Date 12/4/2001	5 Full Name of Contributor: Cathy Coers Frank	oul of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
1	6 Contributor Address: City, State,	Zip Code	!	

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10 Employer (Optional):

9 Principal Occupation (Optional):

	AL CONTRIBUTIONS THAN PLEDGES OR LOA	.NS	(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form		1 Total pages this schee	dule A1: 28
2 FILER NAMI	E: Tair Houston		3 ACCOUNT # (Ethics 0	Comission filers)
4 Date 12/4/2001	5 Full Name of Contributor: William M. McMechen	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		†
9 Principal (Occupation (Optional):	10 Employe	er (Optional):	
4 Date 12/5/2001	5 Full Name of Contributor: Elizabeth Libby Foote	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State.	Zip Code		1
9 Principal (Occupation (Optional):	10 Employ	er (Optional):	
4 Date 12/5/2001	5 Full Name of Contributor: Mortgage Associates of Texas	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code 77005-	\$100.00	1
9 Principal (Occupation (Optional):	10 Employ	er (Optional):	
4 Date 12/5/2001	5 Full Name of Contributor: EDS	out of state PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City - State,	Zip Code		
9 Principal (Occupation (Optional):	10 Employ	er (Optional):	<u> </u>
4 Date 12/5/2001	5 Full Name of Contributor: Jimmy R. Wynn	out of state PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
•	6 Contributor Address: City, State,	Zip Code		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

10 Employer (Optional):

POLITICAL	CONTRIBUTIONS
OTHER THA	N PLEDGES OR LOANS

SCHEDULE A1

OTTIER	THAN FEEDGES ON EOAN	<u> </u>		(FOR	FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Tot	al pages this sched	dule A1: 28
2 FILER NAME	Fair Houston		з АС	COUNT # (Ethics (Comission filers)
4 Date 12/10/2001	5 Full Name of Contributor: Robert De Roy Jobe	Out of state PAC		7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code			
9 Principal C	Occupation (Optional):	10 Employe	r (Opti	onal):	
4 Date 12/11/2001	5 Full Name of Contributor: Patricia L Harmon	out of state PAC		7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code			!
9 Principal C	eccupation (Optional):	10 Employe	r (Opti	onal):	
4 Date 12/11/2001	5 Full Name of Contributor: J.T. Wehring	out of state PAC		7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code			: : : !
9 Principal O	ccupation (Optional):	10 Employer	r (Opti	onal):	
	5 Full Name of Contributor: Alexander N. Shreders	oul of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
Š	6 Contributor Address: City, State, 2	Zip Code		,	; ; ;
9 Principal O	ccupation (Optional):	10 Employer	(Optio	onal):	
4 Date 12/18/2001	5 Full Name of Contributor: John W. Thorne	out of state PAC	: :	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Z	Zip Code			
9 Principal O	ccupation (Optional):	10 Employer	(Optio	onal):	1

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	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	,	(FOR	SCHEDULE A1
The Instruction	n Guide explains how to complete this form.		1 Total pages this sched	
2 FILER NAM	E: Fair Houston		3 ACCOUNT # (Ethics C	Comission filers)
4 Date 12/18/2001	5 Full Name of Contributor:	Joul of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zi	p Code		†
9 Principal (Occupation (Optional):	10 Employe	er (Optional):	
4 Date 12/27/2001	5 Full Name of Contributor: ASCO Associated Service Company	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zi	ip Code		;
9 Principal (Occupation (Optional):	10 Employe	er (Optional):	.1

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POLITI	nission P.O.Box 12070 Austin, Texas 78	11-2070	(512)463-5800	1-800-325-850
POLITI	CAL EXPENDITURES	÷	\$	CHEDULE F
The Instructi	ดงGบเอย explains how to complete this form.		1 Total pages report:	1/8
2 FILER NAME			3 ACCOUNT # (Ethics C	ommission filers)
People For A	Fair Houston			
4 Date	5 Payee name Andrea Hildebran		7	Amount (\$)
11/08/2001	6 Payee address; City; State; Zip Code 501 Lovett			38.72
	Houston TX 77006			
Purpose of ex information re- Reimbursed	penditure (See instructions regarding type of quired.) Expenses	9 •• Complete if direct expen Candidate / Officeholder na		Office held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·		Amount
	Andrea Hildebran			(\$)
11/29/2001				500.00
	Houston TX 77006			
Purpose of ex information re Travel Exper		Complete if direct expended to the Candidate / Officeholder na		Office held
Date	Payee name			Amount
	BFM Printing Company			(\$)
	Payee address; City; State; Zip Code			
12/06/2001	•			189.44
12/06/2001	1318 Law			189.44
12/06/2001	1318 Law			189.44
Purpose of ex information re	Houston TX 77005 penditure (See instructions regarding type of	Complete if direct exper Candidate / Officeholder na		
Purpose of ex information re Printing and	Houston TX 77005 penditure (See instructions regarding type of quired.)			
Purpose of ex information re	Houston TX 77005 penditure (See instructions regarding type of quired.) Reproduction Payee name			Office held
Purpose of ex information re Printing and Date	Houston TX 77005 penditure (See instructions regarding type of quired.) Reproduction Payee name Bank of America		me Office sought	Office held Amount (\$)
Purpose of ex information re Printing and	Houston TX 77005 penditure (See instructions regarding type of quired.) Reproduction Payee name Bank of America	Candidate / Officeholder na	me Office sought	Office held
Purpose of ex information re Printing and Date	Houston TX 77005 penditure (See instructions regarding type of quired.) Reproduction Payee name Bank of America Payee address; City; State; Zip Code	Candidate / Officeholder na	me Office sought	Office held Amount (\$)

P.O.Box 12070

POLITIO	CAL EXPENDITURES		·	SCHEDULE F
The Instruction	CNGUIDE explains how to complete this form.		1 Total pages report	2/8
2 FILER NAME			3 ACCOUNT # (Ethics	Commission filers)
People For A	Fair Houston	,		
4 Date	5 Payee name		7	Amount
	Beverly Hill Apartments			(\$)
10/29/2001	6 Payee address; City, State; Zip Code			510.00
10/29/2001	5500 Beverly Hill			310.00
	·			
	Houston TX 77056	O Complete if the same		
information req	enditure (See instructions regarding type of uired.)	9 Complete if direct expended Candidate / Officeholder na		Office held
Rent	^			
Date	Payee name			Amount (\$)
	Blaemire Communications			(4)
11/26/2001	Payee address; City; State; Zip Code			1585.47
11,20,200	1890 Preston White Drive			
	Reston VA 20191			
Purpose of exp	renditure (See instructions regarding type of	** Complete if direct expen	aditure to benefit C/OH	••
information req Data		Candidate / Officeholder na		Office held
Date	Payee name			Amount (\$)
	Carolyn Blocker			(4)
11/02/2001	Payee address; City; State; Zip Code			500.00
	2210 Rosewood			
	Houston TX 77004			
Purpose of exp	enditure (See instructions regarding type of	· Complete if direct exper		
information req Labor	uired.)	Candidate / Officeholder na	ame Office sought	Office held
•	•			
D. 4	Barrasana			Amount
Date	Payee name			(\$)
	Colin Strother & Company			
12/11/2001	Payee address; City; State; Zip Code			250.00
	412 William Drive			
	Pearsali TX 78061			
Purpose of exp information req Research	enditure (See instructions regarding type of uired.)	 Complete if direct experience Candidate / Officeholder na 		••• Office held
		<u> </u>		
		•		

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instructi	CNGUIDE explains how to complete this form.		1 Total pages	report: 3/8
2 FILER NAME	<u> </u>		3 ACCOUNT	# (Ethics Commission filers)
People For A	A Fair Houston		•	to (const Admitted on India)
4 Date	5 Payee name	<u>_</u> <u>L</u>	- -	7 Amount
	David Fleischer			(\$)
11/08/2001	6 Payee address; City; State; Zip Code	**************		79.38
	803 President			19.30
İ	Brooklyn NY 11215			
8 Purpose of exp information req Travel Expens	penditure (See instructions regarding type of quired.)	9 Complete if direct expen Candidate / Officeholder na	diture to benefit (me Office so	C/OH •• Office held
Date	Payee name			A
				Amount (\$)
40/04/0004	Decision Research	*		
10/31/2001	Payee address; City; State; Zip Code			9834.36
. [655 G Street, Suite H			
	San Diego CA 92101	<u> </u>		<u></u>
Purpose of exp information requ Research	nenditure (See instructions regarding type of uired.)	** Complete if direct expensional Candidate / Officeholder nat	diture to benefit C me Office so	
Date	Payee name			Amount
	Erik Ludwig			(\$)
11/05/2001	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	•••••	2577.92
	2122 Massachusetts			<u> 2011-94</u>
	Washington DC 20008		[
Purpose of exp	enditure (See instructions regarding type of	** Complete if direct expens	dings to henefit (
information requ Labor	lired.)	Candidate / Officeholder nar	me Office so	
Date	Payee name	·		Amount
	John Davis			(\$)
11/08/2001	Payee address; City; State; Zip Code			85.08
	511 West Shore			
•	Lexington KY 40504			
Purpose of expr	enditure (See instructions regarding type of	Complete if direct expend	liture to benefit C	
information requ Reimbursed E	uired.)	Candidate / Officeholder ner	me Office so	

Austin, Texas 78711-2070

POLITICAL EXPENDITURES SCHEDULE F 1 Total pages report: 4/8 The INSTRUCTION GUIDE explains how to complete this form. ACCOUNT # (Ethics Commession filers) 2 FILER NAME People For A Fair Houston Date 5 Payee name Amount (\$) Cristin Merritt 22,70 City; State; Zip Code 10/29/2001 6 Payee address; 8181 Fannin Houston TX 77054 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Purpose of expenditure (See instructions regarding type of Office held information required.) Office Supply Amount Payee name Date (\$) Momentum Analysis City; State; Zip Code 3800.00 10/31/2001 Payee address; 2451 18th Street NW Washington DC 20009 -- Complete if direct expenditure to benefit C/OH -- Candidate / Office holder name Office sought Purpose of expenditure (See instructions regarding type of Office held information required.) Candidate / Officeholder name Research Amount Payee name Date (\$) **NP Services** 600.00 City; State; Zip Code 11/28/2001 Payee address; 1113 Vine Street, Suite 120 Houston TX 77002 -- Complete if direct expenditure to benefit C/OH --Purpose of expenditure (See instructions regarding type of Office held Candidate / Officeholder name Office sought information required.) Mail House Amount Payee name Date (\$) NP Services 28.98 City; State; Zip Code Payee address; 12/05/2001 1113 Vine Street Suite 120 Houston TX 77002 -- Complete if direct expenditure to benefit C/OH --Purpose of expenditure (See instructions regarding type of Candidate / Officeholder name Office sought Office held information required.) Mail House

Austin, Texas 78711-2070

POLITICAL EXPENDITURES SCHEDULE F 1 Total pages report: 5/8 The InstructionGuide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME People For A Fair Houston Date 5 Payee name Amount (\$) Tina Nelkin 205.00 10/30/2001 6 Payee address: City; State; Zip Code 1226 Columbia Houston TX 77009 -- Complete if direct expenditure to benefit C/OH --Purpose of expenditure (See instructions regarding type of Office sought Candidate / Officeholder name Office held information required.) Database Entry Amount Date Payee name (\$) Paul Fromberg 239.31 12/19/2001 Payee address; City: State; Zip Code 1330 Omar Houston TX 77008 Purpose of expenditure (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH *** Candidate / Officeholder name Office held information required.) Rent Amount Date Payee name (\$) Raymond Brantley 300.00 11/12/2001 Pavee address: City; State; Zip Code 2701 1/2 Wheeler Houston TX 77004 Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Purpose of expenditure (See instructions regarding type of Office held information required.) Labor Amount Payee name Date (\$) Richard Elbein Payee address; City; State; Zip Code 2500.00 11/01/2001 3706 Charleston Houston TX 77021 .. Complete if direct expenditure to benefit C/OH ... Purpose of expenditure (See instructions regarding type of Candidate / Officeholder name Office held information required.) Office sought Labor

	CAL EXPENDITURES	·	SCHEDULE F
The Instruct	ONG UIDE explains how to complete this form.	1 Total pages	report: 6/8
FILER NAMI		3 ACCOUNT	f (Ethics Commission filers)
People For A	A Fair Houston		
Date	5 Payee name Rindy Miller Media		7 Amount (\$)
10/30/2001	6 Payee address; City; State; Zip Code 501 N I-35 Austin TX 78702		25000.00
Purpose of ex information rea Advertising	penditure (See instructions regarding type of quired.)	9 Complete if direct expenditure to benefit C Candidate / Officeholder name Office so	
Date	Payee name		Amount (\$)
10/31/2001	Rindy Miller Media Payee address; City; State; Zip Code 501 N I-35 Austin TX 78702		10000.00
Purpose of ex	penditure (See instructions regarding type of		
information red Advertising	quired.)	Complete if direct expenditure to benefit C Candidate / Officeholder name Office so	:/OH •• ughl Office held
information red	Payee name	complete if direct expenditure to benefit Candidate / Officeholder name Office so	Amount (\$)
information red Advertising	Payee name Rindy Miller Media	candidate / Officeholder name Office so	ughl Office held Amount
Date	Payee name Rindy Miller Media Payee address; City; State; Zip Code 501 N I-35 Austin TX 78702 penditure (See instructions regarding type of	Candidate / Officeholder name Office so	Amount (\$) 4400.00
Date 10/31/2001 Purpose of expiniormation recognitions	Payee name Rindy Miller Media Payee address; City; State; Zip Code 501 N I-35 Austin TX 78702 Denditure (See instructions regarding type of juired.) Payee name	Candidate / Officeholder name Office so	Amount (\$) 4400.00
Date 10/31/2001 Purpose of expiniformation recondended and advertising	Payee name Rindy Miller Media Payee address; City; State; Zip Code 501 N I-35 Austin TX 78702 Denditure (See instructions regarding type of guired.) Payee name Rindy Miller Media	Candidate / Officeholder name Office so	Amount (\$) 4400.00 C/OH Pught Office held

	CAL EXPENDITURES	·	SCHEDULE F
The Instructi	ONG UIDE explains how to complete this form.	1 т	otal pages report: 7/8
FILER NAME		3 A	ACCOUNT # (Ethics Commission Mars)
	Fair Houston	•	
Date	5 Payee name		7 Amount
	Rindy Miller Media		(\$)
11/05/2001	6 Payee address; City; State; Zip Code		1050.00
11/05/2001	501 N I-35		1050.00
	Austin TX 78702		4
Purpose of extinformation red Media	penditure (See instructions regarding type of quired.)	9 Complete if direct expenditure Candidate / Officeholder name	Office sought Office held
Date	Payee name		Amount
	Sabrina Heins		, , , ,
11/05/2001	Payee address; City; State; Zip Code		872.31
	4600 Seton Center		
	Austin TX 78759		
information red		 Complete if direct expenditure Candidate / Officeholder name 	Office sought Office held
Contract Lab	or		
Date	Payee name		Amount
	Payee name Sprint		Amount (\$)
Date	Payee name Sprint		
Date	Payee name Sprint		(\$)
Date	Payee name Sprint Payee address; City; State; Zip Code PO Box 101343		(\$)
Date 11/21/2001	Payee name Sprint Payee address: City; State; Zip Code PO Box 101343 Atlanta GA 30392 penditure (See instructions regarding type of	•• Complete if direct expenditure Candidate / Officeholder name	396.56
Date 11/21/2001 Purpose of exinformation recognition	Payee name Sprint Payee address: City; State; Zip Code PO Box 101343 Atlanta GA 30392 penditure (See instructions regarding type of	•• Complete if direct expenditure	(\$) 396.56
Date 11/21/2001 Purpose of exinformation redephone	Payee name Sprint Payee address: City; State; Zip Code PO Box 101343 Atlanta GA 30392 penditure (See instructions regarding type of quired.) Payee name Sue Lovell	•• Complete if direct expenditure Candidate / Officeholder name	(\$) 396.56 e to benefit C/OH ** Office sought Amount
Date 11/21/2001 Purpose of exinformation redephone	Payee name Sprint Payee address: City; State; Zip Code PO Box 101343 Atlanta GA 30392 penditure (See instructions regarding type of quired.) Payee name Sue Lovell	•• Complete if direct expenditure Candidate / Officeholder name	(\$) 396.56 e to benefit C/OH ** Office sought Amount
Date 11/21/2001 Purpose of exinformation recording to the Telephone Date	Payee name Sprint Payee address; City; State; Zip Code PO Box 101343 Atlanta GA 30392 penditure (See instructions regarding type of quired.) Payee name Sue Lovell	•• Complete if direct expenditure Candidate / Officeholder name	(\$) 396.56 to benefit C/OH ** Office held Amount (\$)
Date 11/21/2001 Purpose of exinformation recording to the Telephone Date	Payee name Sprint Payee address; City; State; Zip Code PO Box 101343 Attanta GA 30392 penditure (See instructions regarding type of quired.) Payee name Sue Lovell Payee address; City; State; Zip Code	•• Complete if direct expenditure Candidate / Officeholder name	(\$) 396.56 to benefit C/OH ** Office held Amount (\$)

The Instruction	ONG UIDE explains how to complete this form.		1 Total pages repor	t: 8/8
FILER NAME			3 ACCOUNT # (Ethik	os Commission (Bers)
People For A	Fair Houston		<u> </u>	
Date	5 Payee name		7	Amount (\$)
10/30/2001	Texas Printing 6 Payee address; City; State; Zip C 4715 Main	Code		178.61
	Houston TX 77002			
Purpose of exp information red Printing	penditure (See instructions regarding type of quired.)	9 Complete if direct e Candidate / Officehold	expenditure to benefit C/OH er name Office sought	Office held
Date	Payee name			Amount (\$)
•	Thompson Delivery			(4)
10/29/2001	Payee address; City; State; Zip o	Code		170.00
	18836 Mirror Lake Dr.			
Purpose of ex	Spring TX 77388 penditure (See instructions regarding type of	** Complete if direct	expenditure to benefit C/OH	Office held
Purpose of exinformation red Delivery Cha	penditure (See instructions regarding type of quired.)	 Complete if direct Candidate / Officehold 	expenditure to benefit C/OH der name Office sought	Office held
Purpose of ex- information re- Delivery Cha	penditure (See instructions regarding type of quired.)	•• Complete if direct of Candidate / Officehold	expenditure to benefit C/OH der name Office sought	Office held
Purpose of ex- information re- Delivery Cha	penditure (See instructions regarding type of quired.)	•• Complete if direct of Candidate / Officehold	expenditure to benefit C/OH der name Office sought	Office held
Purpose of ex- information red Delivery Cha	penditure (See instructions regarding type of quired.)	Candidate / Officehold	expenditure to benefit C/OH der name Office sought	Office held
Purpose of ex- information re- Delivery Cha	penditure (See instructions regarding type of quired.)	•• Complete if direct candidate / Officehold	der name Office sought	Office held
Purpose of ex- information re- Delivery Cha	penditure (See instructions regarding type of quired.)	Candidate / Officehold	der name Office sought	Office held
Purpose of ex- information re- Delivery Cha	penditure (See instructions regarding type of quired.)	Candidate / Officehold	der name Office sought	Office held
Purpose of ex- information re- Delivery Cha	penditure (See instructions regarding type of quired.)	Candidate / Officehold	der name Office sought	Office held
Purpose of ex- information re- Delivery Cha	penditure (See instructions regarding type of quired.) urge	Candidate / Officehold	der name Office sought	Office held
Delivery Cha	penditure (See instructions regarding type of quired.) urge	Candidate / Officehold	der name Office sought	Office held